



General Complaint Form

Please fill this out completely. The City of Chandler Housing Division may have additional questions for you during the follow up of this complaint and will need to contact you.

CONTACT INFORMATION			
CONTACT PERSON NAME	BEST CONTACT #	ALT. #	
ADDRESS	CITY	STATE	ZIP CODE
Are you willing to testify if necessary: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you wish to remain Anonymous to the person you are complaining about: <input type="checkbox"/> Yes <input type="checkbox"/> No			

INCIDENT INFORMATION			
WHO			PHONE #
ADDRESS	CITY	STATE	ZIP CODE
WHAT OCCURRED			
WHEN DID IT FIRST OCCUR	IS IT STILL OCCURRING <input type="checkbox"/> Yes <input type="checkbox"/> No	VEHICLE DESCRIPTION(S)	
WHERE		LICENSE PLATE #(S)	
HOW DO YOU KNOW THIS			

For Office Use Only

Complaint Taken By: _____ Date: _____

Complaint Referred To: ☐ Housing Specialist ☐ Housing Officer ☐ Housing Supervisor

Action taken on complaint: _____
